

Clerk's Office

254858  
254859

2 Pages

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## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's LimoBEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011 - 473 - T

2014-365 T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Apple Taxi &amp; Transportation llc

Telephone: 843-822-1869

Address: 1851 brittlebush ln  
johns island sc 29455

Fax:

Other:

Email: hquzaa@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

## CLASS C REINSTATEMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

DATE: 01-28-2015

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 8586
- ☐ Charter Certificate Number \_\_\_\_\_
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_

My certificate was revoked/cancelled on 07-2-2014 because failer to pay decal fees forthe last half year  
(DATE)  
2014 Enforcement Period

I am seeking reinstatement because \_\_\_\_\_

Apple Taxi & Transportation LLC DBA \_\_\_\_\_  
(Name of Company) (if applicable)

1851 brittlebush In \_\_\_\_\_  
(Street Address) (Mailing Address If different from Street Address)

johns island SC 29455 \_\_\_\_\_  
(City, State, Zip Code) (Signature)

(843)822\_1869 \_\_\_\_\_  
(Telephone Number) Ahmad Alquzaa  
(Title) Owner, President, etc.